



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LAPORTE HOSPITAL (IU)

City of Hospital: La Porte

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Steven Rudolph

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Medicare Provider Number: 150006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$198006912
Outpatient Patient Service Revenue	\$293171947
Total Gross Patient Service Revenue	\$491178859

2. Deductions From Revenue

Contractual Allowance	\$239495209
Other Deductions	\$103604915
Total Deductions	\$343100124

3. Total Operating Revenue

Net Patient Service Revenue	\$148078739
Other Operating Revenue	\$1501551
Total Operating Revenue	\$149580290

4. Operating Expenses

Salaries and Wages	\$42749405	Employee Benefits	\$10380085
Depreciation and Amortization	\$13502589	Interest Expense	\$3337077
Bad Debt	\$10032990	Other Expenses	\$64616610
Total Operating Expenses	\$144618756		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4961530	Total Assets	\$83784476
Net Non-operating Gains over Loss	\$-707709	Total Liabilities	\$72913859

Total Net Gains	\$4253821
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$185204305	\$157953639	\$27250666
Medicaid	\$97534722	\$81541570	\$15993152
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$208439836	\$103604915	\$104834921
Total	\$491178863	\$343100124	\$148078739

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$67519	\$-67519

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$372994	\$-372994
Hospital Patients	\$0	\$10322	\$-10322
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	896
Number of Hospital Patients Educated	24738
Number of Citizens Exposed to Health Education Messages	101618

Statement Six: Charity Statement
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Hospital Charity Charges	\$2744211
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2781045	
HCI Payments	\$0		
Subtotal	\$0	\$2781045	\$-2781045
Medicaid Shortfalls	\$15993153	\$23267670	
Subtotal	\$15993153	\$26048715	\$-10055562
DSH Payments	\$0		
Subtotal	\$15993153	\$26048715	\$-10055562
Medicare Shortfalls	\$27250663	\$44181932	
Other Government Programs	\$0	\$0	
Total	\$43243816	\$70230647	\$-26986831

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$800498	\$-800498
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$3000000	\$-3000000
Other Allocations	\$0	\$0	\$0

**Comments**

no longer a not-for-profit organization, as such we no longer file form 990 and the related Schedule H.

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